Proposed Equivalency to Code

| DATE OF | | LOUISIAN | A DEPA | רו RTMENT OF P | | | | RRECTIONS | |
|--|--|---|----------|-----------------------------|-----------|--------------|-------------|-----------|--|
| APPLICATION | | OFFICE OF STATE FIRE MARSHAL | | | | | REVIEW FEE | | |
| STATE FIRE MARSHAL ARCHITECTURAL REVIEW NUMBER | | 8181 INDEPENDENCE BOULEVARD BATON ROUGE, LOUISIANA 70806 | | | | See Schedule | | | |
| PO | | PHONE (225) 925-4920 FAX (225) 925- | | | 5-4414 | | elow | | |
| | | WEB SITE: www.dps.state.la.us/sfm | | | | l | | | |
| PROJECT TITLE (Name of Business) | | | | | | | | | |
| NAME OF BUILDING/ SHOPPING CENTER | | | | | | | | | |
| PHYSICAL LOCATION OF PROJECT | ADDRESS (Street/Suite | e) | | | | | | | |
| Inside City Limits | CITY (In or Near) | lear) ZIP C | | | | ODE PARISH | | i | |
| Outside City Limits | <u>.</u> | | | | | | | | |
| PROFESSIONA | OF RECORD | (P.O.R.) (If | none | then MUST | be O | wner) | | | |
| NAME | | | | | PHONE () | | | | |
| MAILING ADDRESS (Street | | | | | FAX (|) | | | |
| CITY | STATE | | ZIP CODE | | | | | | |
| P.O.R. LICENSE NO | EMAIL ADDI | RESS | | | | | | | |
| | r appeals pertaining EAL REQUE ONLY ONE OF TH | EST TYP | E | essibility. | | | | \neg | |
| \$25 for handicapped accessibility appeals (Multiple issues are allowed per letter) | | | | | | | | | |
| | life safety / fire cod 0 for appeals includ | | | | | | ysis review | <i>y</i> | |
| \$50 for subsequent appeals of the same issue or pertaining to the same facility | | | | | | | | | |
| \$100 for other appeals and Product Evaluations | | | | | | | | | |
| Attach this form to support of your app Inspection form wh For appeals in adva supporting your rea | peal. Include a coper here you appeal ref ance of submittal, | py of the Pla ferences a vi | n Revie | w letter or cited by this c | office. | DATE F | RECEIVED | | |
| FOR FIRE MARSHAL USE ONLY | PROJECT NUMBER | | REVIEW | ARCHITECT | | 1 | | | |

Appeal01.cdr 4/1/2003